Department of Education

Performance Report
Performance Period July 2005-September 2005

Introduction

This section contains information relative to monitoring by the Department of Education of system infrastructure and performance necessary to meet the needs of students requiring educational and mental health supports. The Department continues to improve the sophistication and availability of tools to assist in administrative decision-making that directs the application of resources, fiscal and human, to achieve high levels of student achievement. This process relies on data collected through multiple means to provide current information on system infrastructure and performance.

This report covers the First Quarter, July 2005 through September 2005, of School Year 2005-2006.

Infrastructure

The Comprehensive Student Support System (CSSS) continues to provide the requisite infrastructure for the provision of programs necessary to provide educational, social, and emotional supports and services to all students, affording them an opportunity to benefit from instructional programs designed to achieve program goals and standards. EDN150 allocations contain those resources (fiscal, human, material, procedural, and technological) important to the provision of appropriate supports and services to students within the Felix Class. The objective of EDN150 programs are to maintain a system of student supports so that any student requiring individualized support, temporary or longer term, has timely access to those supports and services requisite to meaningful achievement of academic goals.

The next segments of this section contain elements of the CSSS infrastructure determined to be essential to the functioning of a support system constituting an adequate system of care. During the course of the Felix Consent Decree, the Department routinely provided progress reports addressing the availability of qualified staff, funding, and an information management system (ISPED) as a means to provide information germane to assessing system capacity in providing a comprehensive student support system.

Population Characteristics

There are 23,479 students eligible for educational supports and services under the Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973 (Section 504), at 90% and 10%, respectively. The number of students receiving educational supports and services within CSSS levels 4 and 5 by the Department of Education has declined slightly over the past two years. In June 2005, 14% of the overall student enrollment received specialized instruction and supports, while 12.6% were eligible for special education and related services under the Individuals with Disabilities Education Act. Nationally, in 2000 (the most recent information

available), approximately 12.5% of the total student enrollment required special education supports and services.

Table 1 depicts the number of students with disabilities and relative percentage over the past two years for the month of September.

Table 1: Number and Relative Percentage of Students Eligible for Special Education

Disability	9/30/2003		9/30/2004		9/30/2005	
	#	%	#	%	#	%
Mental Retardation	2,112	8.80%	1,811	8.00%	1,666	7.50%
Hearing Impairment	443	1.80%	289	1.30%	384	1.73%
Speech/Language Impairment	1,569	6.50%	1,256	5.50%	1,116	5.04%
Other Health Impairment	2,195	9.10%	2,437	10.70%	2,541	11.47%
Specific Learning Disability	10,569	44.00%	9,791	43.10%	9,409	42.50%
Deaf-Blindness	4	0.00%	5	0.00%	5	0.00%
Multiple Disabilities	391	1.60%	410	1.80%	429	1.94%
Autism	752	3.10%	872	3.80%	962	4.34%
Traumatic Brain Injury	86	0.40%	74	0.30%	74	0.33%
Developmental Delay	2,604	10.80%	2,915	12.80%	2,968	13.40%
Visual Impairment	80	0.30%	68	0.30%	72	0.32%
Emotional Disturbance	3,089	12.90%	2,693	11.80%	2,415	10.90%
Orthopedic Impairment	121	0.50%	110	0.50%	97	0.43%
TOTAL	**24,015**		**22,731**		**22,138**	

Continued decreases this quarter in the incidence of Specific Learning Disabilities and Emotional Disturbance may indeed be attributable to improved instruction and behavioral/mental health supports and services. While data do not permit a causal relationship to be verified, there has also been a simultaneous increase in overall student achievement, particularly at the elementary school level and sustained access to effective instructional supports and services. The increases in the Autism Spectrum Disorder and Developmental Delays, offset by the continued decrease in Mental Retardation, are consistent with national data and reflect improved identification and evaluation methods.
An average of 5,986 students per month of all CSSS Levels 4 and 5 students, received School-Based Behavioral Health (SBBH) student supports during this quarter.   (Data reflects under-reporting since six schools did not submit data in July; three did not submit in August and September.) Interventions with these schools are being done by SBBH staff to rectify this situation. There continues to be a decrease in the average number of students in Levels 4 and 5 each quarter when compared with data over the past two years. In contrast, the number of students receiving supports at Levels 1-3 have increased. (Refer to Performance Goal 13 of this section.) Approximately 3.3% of all students enrolled in the Department required SBBH services to address educational and social, emotional, or behavioral needs in the educational arena, while 17% of the entire students enrolled received some type of SBBH supports during this quarter. More detailed information regarding SBBH services is available under Performance Goals 13-15 of this section.

Services provided to Felix Class students fall in two broad categories: School Based Behavioral Health (SBBH) Services and services to students with Autism Spectrum

Disorder (ASD). While the determination of need for and type of SBBH or ASD service necessary for any individual student to benefit from their educational plan is made by a team during the development of the plan, guidelines regarding the provision of these services are in the joint DOE and DOH Interagency Performance Standards and Practice Guidelines.

Qualified Staff

Qualified staff providing instructional and related services are the lynchpin of appropriate educational and related services for students with disabilities, for they are the ones with expertise and training in curriculum, instruction, and knowledge of the impact of the student's disability on the learning process. These qualified individuals, in conjunction with parents and others, develop and implement appropriate interventions designed to meet the unique needs of students.

The following staffing goals provide evidence that there are sufficient qualified teachers evenly distributed across the state to ensure timely access to specialized instruction for students and professional support to those providing educational and related services and supports to students with disabilities.

Infrastructure Goal #1: Qualified teachers will fill 90% of the special education teacher positions in classrooms.

The percent of qualified special education teachers provides an important measure of the overall availability of special education instructional knowledge available to support student achievement.   At the end of this report period, there were 2,082 special education teachers in classrooms. Nearly 89% of the teachers in special education classrooms were qualified in special education, slightly short of meeting this infrastructure goal. The Department continues to recruit and hire qualified teachers throughout the year.

The Department employs 67 teachers through a contract with Columbus. This contract will continue this school year.

Table 2: Number of Allocated and Qualified Special Education Teacher

	Sep-03	Sep-04	Sep-05
Allocated Positions	2079.0	1999.5	2082.5
Filled Positions	1988.0	1949.0	1851.0
Percent Qualified Teachers	95.6%	97.5%	88.9%

Infrastructure Goal #2: 95% of the schools will have 75% or greater qualified teachers in special education classrooms.

This measure provides information regarding the availability of special education knowledge and expertise to assist with day-to-day instructional and program decision making in support of special needs students. A previous benchmark set forth the target of hiring so that there is no school with less than 75% qualified teachers in the classroom. In order to meet this goal, schools requiring less than four (4) special education teacher

positions, 28% (72) of the schools would be required to have all (100%) of the placed special education teachers qualified. Only 71% of these schools met this goal.

The Department has determined a practical goal is that 95% of all schools will have 75% or greater qualified special education classroom teachers. At 97%, the Department met this goal for schools with more than 4 special education teachers this reporting period. For all schools including those schools with less than 4 special education teachers, the Department falls short of its goal at 90%. The Department continues to contract outside resources to recruit and retain special education teachers.

Table 3: Qualified Special Education Staff at Schools

	Sep-03	Sep-04	Sep-05
Number of Schools<75%	17	20	5
Percent of Schools>75%	93.50%	92%	97%

Infrastructure Goal #3: 85% of the complexes will have greater than 85% or greater qualified teachers in special education classrooms.

This measure helps illustrate the distribution of special education instructional expertise throughout the state. The prevalence of qualified staff throughout a complex is an indicator of the degree of support available to school staff and the continuity of instructional quality over time for students. For example, the impact of less than 75% qualified staff in a school within a complex with all other schools fully staffed is far less than if all schools in the complex had less than 75% qualified staff. Therefore, the Department has added this measure as an internal infrastructure indicator for monitoring. For this reporting period, the Department met this goal.

Table 4: Qualified Special Education Teachers in the Complex

	9/03	9/04	9/05
Number of complexes with over 85% qualified special education teachers	29	39	36
Percent of complexes with over 85% qualified special education teachers	71.00%	95%	86%

Infrastructure Goal #4: 95% of all Educational Assistant positions will be filled.

Educational Assistants (EAs) provide valuable support to special education students and teachers throughout the school day and in all instructional settings. Since SY2001-02, the EA allocation ratio has been 1:1 with the special education teacher allocation.

The Department falls short of meeting this goal; however it continues to recruit and train personnel for educational assistant positions.

Infrastructure Goal #5: 75% of the School-Based Behavioral Health professional positions are filled.

Since December 2000, the Department has maintained that the use of an employee-based approach to provide School Based Behavioral Health (SBBH) services provides greater accessibility and responsiveness to emerging student needs. While it is anticipated that some degree of services will always be purchased through contracts due to uniqueness of student need and unanticipated workload increases, day-to-day procedures presume the availability of staff.   Early planning anticipated a two to three year phase to reach the point at which employees would do 80% of the SBBH workload. Performance Goal #13 addresses the relative percent of work done by DOE employees and contracted providers for this quarter. For individual and group counseling over 80% of all SBBH work was performed by Department staff.

Table 5: Number of SBBH Specialist Positions

	Mar-05	Jun-05	Sep-05
Number of Positions Filled	252	254	285
Percent of Total Positions	83%	81%	83%

Infrastructure goal #5 is met, as there are now 264 SBBH Specialist positions and 21 clinical psychologist positions filled. The actual number of positions change due to flexibility built into the SBBH funding structure that allows complex decisions regarding staffing. The decline in hired clinical psychologists is due to their inability to meet established requirements to be awarded licensure as a clinical psychologist.

The Department is working with the Department of Commerce and Consumer Affairs to increase the frequency of licensure board meetings. In the meantime, the Department contracts for the services that only clinical psychologists can provide.

Infrastructure Goal #6: 80% of the identified program specialist positions are filled.

This Infrastructure Goal is directly attributable to a previously established Felix Consent Decree benchmark based upon a determination by the Court Monitor that in 2000 the Department did not have sufficient program expertise in several areas. Recruiting and retaining leadership for these key program areas has been an ongoing challenge for the Department. The lack of in state programs providing terminal degrees, coupled with geographic isolation from institutes of higher education and recruitment constraints regarding pay based on experienced earned in other systems, has made it very difficult for the Department to hire program specialists.

Increased levels of knowledge and skills possessed by Department staff and contractors has changed the type of expertise necessary to continue to foster system growth and improved performance.   The system now requires experienced administrators, supervisors, and trainers of discrete intervention skills.

At the present time four (4) of the identified program specialists positions continue to be filled with the same program specialist as reported in the last quarter. Although this infrastructure measure is met, the Department continues to recruit a program specialist in the area of Autism Spectrum Disorder with recognizable program and administrative skills necessary to provide clear guidance to school communities and professionals. A series of technical assistance contracts have been and will continue to be in place to assist service providers. As can be seen in the associated Autism Spectrum Disorder Performance Indicator #12, services continue to be available and appropriate for these students.

Integrated Information Management System - ISPED

The need for an information management system to provide relevant data for analysis and decision-making is an important component of the infrastructure necessary to sustain high levels of system performance in the area of supports and services to students in need of such services. This information provides the basis for resource allocation, program evaluation, and system improvement.

Meaningful measurement of ISPED will provide specific information regarding the following: 1) ISPED data accuracy, 2) ISPED role in important management decisions, and 3) ISPED use by DOE administrators, CASs and principals.

> *Infrastructure Goal #7:*
> *a) 99% of special education and section 504 students are in ISPED,*
> *b) 95% of IEPs are current, and*
> *c) 95% of the IEPs are marked complete.*

The utility of ISPED as an information management system lies in the ability to provide a wide variety of users information that improves their productivity. Whether the information is unique student specific information used in program development or aggregate information used for planning purposes, accuracy and completeness is necessary. Achievement and maintenance of the three components embedded in Infrastructure Goal #7, gives users confidence that accessed information will assist in good decision-making.

At this time 99% of all students eligible for special education and related services are registered in the ISPED system. Of those, 99% have current IEPs in ISPED and 98% have been marked "complete". The difference between IEPs in the system and those marked "complete" is mainly attributable to teachers awaiting additional information.
There is consistent widespread use of and reliance on ISPED as the information management system for special education records and decision-making. The use of this system is institutionalized and integral to the ongoing management of special education throughout the Department.

Table 6: Status of IEPs in ISPED

	Sep-03	Sep-04	Sep-05
Percentage of IEPs In SPED	97%	99%	99%
Percentage of IEPs marked complete	88%	92%	98%

Infrastructure Goal #8: ISPED will provide reports to assist in management tasks.

The increased administrative need for timely and accurate information is very evident in the ISPED reports. There are now over 90 different reports available to teachers and administrative staff. During this quarter many reports were reviewed to ensure that school specific information was easily obtained and understood by a wide variety of new users. Report formats have been revised to ease the transfer of information to the Web Site that posts school specific information.

Infrastructure Goal #9: School, district, and state level administrators will use ISPED.

As stated in the section above, ISPED provides DOE administrators over 90 real time reports designed to assist in measuring system performance at the school, complex, and state levels, as well as provide data for resource allocation. The Department began tracking administrator "log-ons" to ISPED as broad indicators of both the utility of the reports as well as administrative behavior regarding the use of data in proactive management.

The Complex Area Superintendent (CAS) usage of ISPED continues to be low, while the use of ISPED by District Education Specialists (DES), Principals, and Vice-Principals continues to increase.

This increase in usage of ISPED suggests that the action plans generated through the Special Education Section designed to improve overall system performance has had an impact on administrative behavior regarding the use of data in decision making and monitoring the impact of system performance activities. CASs report that upon receipt of monthly performance reports from the Special Education Section, a meeting with the appropriate DES is held to determine the appropriate school and system response to improve performance.

Infrastructure Goal #10: The Department will maintain a system of contracts to provide services not provided through employees.

During this report period the DOE has maintained the same 36 contracts with different private agencies to provide SBBH services, including Community-Based Instruction Programs and ASD Programs and Services, on an as needed basis.

There are eight (8) types of contracts covering the following services: assessments, behavioral interventions, intensive services, psychiatric services, four (4) for Intensive Learning Centers, and Special School.   Listed below is the number of contracts by type of service.

Table 7: Types and numbers of contracted services

Type of Service	Number of Contracts
Assessment	8
Behavioral Intervention	9
Intensive Services	9
Psychiatric Services	5
ILC (ages 3-9)	1
ILC (ages 10-12)	1
ILC (ages 13-20)	2
Special School	1

The average expenditure per month for contracted services for ASD students during this quarter was lower when compared to previous years; however total expenditures have not all been invoiced by contractors for the month of September 2005.

Table 8: Number of students with ASD and Average Monthly Contracted Costs

	SY '03-'04	SY '04-'05	1st Qtr SY '05-'06
Average Monthly Expenditure	$2.6M	$3.3M	$2.2
Number of Students with ASD	1,012	1,125	1,160

Purchased contracted SBBH services during this quarter totaled $603,095, averaging approximately $201,316 per month. As may be expected, comparable to previous years, with the increased use of these services during the year and the increased numbers of students with ASD requiring services, it is anticipated that the average monthly expenditure will continue to increase.

The SBBH expenditures discussed in the previous paragraph do not include expenditures for off campus SBBH programs. Off campus programs, "Community-Based Programs", continue to cost approximately $575,232 per month.

Infrastructure Goal #11: Administrative measures will be implemented when expenditures exceed the anticipated quarterly expenditure by 10%.

The broad programmatic categories within EDN150 are Special Education Services, Student Support Services, Educational Assessment and Prescriptive Services, Staff Development, Administrative Services, and Felix Response Plan. EDN150 allocations for all of these groups total slightly more than $306.5M dollars for SY '05-'06.   This represents an increase in the amount of funding allocated in SY '04-'05.

At of the end of this quarter, September 2005, $67,947,529 was expended. The costs were 11% below the budget for the quarter.

Key Performance Indicators

The existence of an adequate infrastructure is not an end in and of itself. The true measure of the attainment of EDN150 program goals and objectives are in the timely and effective delivery of services and supports necessary to improve student achievement. While the measurement of student achievement lies within the purview of classroom instruction, key system performance indicators exist that provide clear evidence of the timeliness, accessibility, and appropriateness of supports and services provided through EDN150 and the responsiveness of CSSS to challenges threatening system performance.

Performance Goal #1: 90% of all eligibility evaluations will be completed within 60 days.

This performance goal was met in the third month of the quarter. Good practice and regulation expect timely evaluation to provide the foundation for an effective individualized education or modification program that will assist students achieve content and performance standards. This measure identifies the timeliness with which the system provides this information to program planners. As can be seen in the table, the Department made steady progress in meeting this performance goal during the quarter. Dips in performance occur when there is less access to students during long breaks in instruction, such as through the summer and winter breaks. During this quarter, 1,600 evaluations were conducted.

Table 9: Percentage of Evaluation completed within 60 Days

	Jul-05	Aug-05	Sep-05
Percentage within 60 days	86%	85%	93%

State, complex, and school action plans are in place to maintain continued performance improvement in this area. Regular Superintendent and Complex Area Superintendent meetings focused on performance monitoring will continue to keep this a priority in school and complex operations.

Performance Goal #2: There will be no disruption exceeding 30 days in the delivery of educational and mental health services to students requiring such services.

A service delivery gap is a disruption in excess of 30 days of an SBBH or ASD related service identified in an IEP or MP. A "mismatch" in service delivery (i.e., counseling services expected to be provided by an SBBH Specialist actually delivered by a school counselor) is included in this category as a service delivery gap. While this goal is technically not met, there is strong evidence of substantial achievement in this area.

Table 10: Gaps in Service

	Jul- 05	Aug-05	Sep--05
Number of Service Gaps	3	5	8

As can be seen in Table 10 above, there continues to be only a few students for whom a program was not immediately available.   There are in excess of 8,000 students per month receiving well over 22,000 identifiable "services" per month. Service delivery gaps occur for a variety of reasons but occur primarily because an individual related service provider (i.e., SBBH contractor) is temporarily unavailable to provide the requisite service as opposed to "wait lists" which are due to the unavailability of a program of educational services.

Performance Goal #3: The suspension rate for students with disabilities will be less than 3.3 of the suspension rate for regular education students.

Concern regarding the possibility of disproportionate suspension rates for students with disabilities has existed since at least the 1994 Office of Civil Rights, *Elementary and Secondary Compliance* Reports. Beginning in 2000, the Felix Consent Decree Court Monitor and Plaintiffs' Attorneys expressed concerns relative to the suspension of students with disabilities.   The Felix Monitoring Office, *Suspension Study*, prepared under the direction of the Court Monitor reported findings of an in-depth study of the relative suspension rates of regular and special education students. Those findings over a four-year period illustrated a wide range of suspension rates over geographic and school specific characteristics. General trends indicated that the overall suspension of students was decreasing but students with disabilities were more likely to be suspended.

Between 2001 and July 2003, the Department reported to the Court Monitor, Plaintiffs' Attorneys, and the Court the relative increase risk rate for suspension of special education students. However, the Court Monitor questioned the applicability of using as a target the 3.3 rate reported in the Government Accounting Office (GAO) report of 2001 based on serious misconduct and a special study was conducted. Those findings are reported in the July 2003-September 2003 Quarterly Performance Report. The findings indicated that most schools, especially elementary schools do not suspend any, or very few, students with disabilities but that wide variation continued to exist across geography and even within schools with similar characteristics among secondary schools. Subsequently, Department efforts increasingly utilize school specific action plans to address the use of suspension as a response to student misconduct.

Table 11: Suspension Rate

Cumulative Suspension Rates	SY 2002-2003	SY 2003-2004	SY 2004-2005	1st Qtr 2005-2006
Regular Education				
Enrollment	163,309	170,283	177,366	156,511
Suspensions	10,106	9,338	9,787	779
Percent per 100	6.19	5.48	5.5	.04
Special Education				
Enrollment	24,050	23,480	22,384	19,151
Suspensions	4,376	4,241	4,312	397
Percent per 100	18.2	17.8	19.2	2.0

School specific interventions continue to be implemented in the schools to lower the rate of suspensions for all students although special education suspensions continue to be more frequent. The above reflects the aggregate cumulative suspension for all schools for the last three years and the 1st quarter for SY2005-06..

The school specific suspension data is set forth in the *Stipulation for Step-Down Plan and Termination of the Revised Consent Decree* dated April 15, 2004. This report format calls for school-by-school reporting of the "percentage of suspensions of regular education and special education students per hundred, …" (page 9). The information is available through the DOE website under Reports, Felix (http://165.248.6.166/data/felix/index.htm).

Performance Goal #4: 99.9% of students eligible for services through special education or Section 504 will have no documented disagreement regarding the appropriateness of their educational program or placement.

There are three sources of documented disagreements. 1) Telephone complaint; 2) formal written complaint which by regulation, must be addressed within 60 days; and 3) the Request for an Impartial Hearing in which the decision by an Administrative Hearings Officer is to be issued within 45 days of the filing of a request.

1st Quarter Results

State totals for the 1st quarter indicate there was approximately one written complaint for every 12 telephone complaints received. Table 12 indicates the number of telephone and written complaints, and Due Process Hearings for the 1st quarter.   The Department continues to meet this goal of 99.9% of the students receiving services during this quarter with no documented disagreements.

Table 12: Telephone and Written Complaints and Due Process Hearing

	Sep-03	Sep-04	Sep-05
Telephone	15	11	23
Written	5	3	2
Due Process Hearings	64	54	52

Requests for Impartial Hearings

Of the 52 due process hearing request received during the 1st quarter, 4% were withdrawn and dismissed, due to early resolutions.

The overall number of requests for impartial hearings has decreased compared to the 1st quarter for the last two years. The reasons for the request for impartial hearings included issues regarding program and placement.

The Special Education Section (SES) compiled a "Due Process/Complaints" report for every school (including charter schools) in the department for SY2004-05. The school reports were aggregated into a complex report, district report and statewide report Beginning with this quarter, this report will be prepared for schools on a quarterly basis. The superintendent will distribute the applicable school reports to the complex area superintendents for review and appropriate action with the understanding that the SES will follow up to assess impact on the school performance.

Reducing the number of requests for due process hearings has proven problematic for the Department. While the request for an impartial hearing is a legitimate option for parents in determining the appropriate educational and related service, it is difficult to determine what, if any, school specific actions may have adequately addressed the issue prior to the request. Most requests are for placement at a non-DOE site and involve students and their families familiar with the impartial hearing process. Thus, whether the request is the result of poor communication regarding the school's offer of a free and appropriate public education, inadequate programs and services, or a parental default strategy to gain an *a priori* determined preferred educational placement is difficult to determine. The Department is determined to reduce the number of requests as requests for impartial hearings are a drain on resources and make future program development between parents and school staff even more difficult.

Performance Goal #5: The rate of students requiring SBBH, ASD, and/or Mental Health Services while on Home/Hospital Instruction will not exceed the rate of students eligible for special education and Section 504 services requiring such services.

The number of students receiving Home/Hospital Instruction (H/HI) fluctuates at the beginning of the 1st quarter as indicated in the table below. The table shows the number of students on H/HI and the number of students with disabilities on H/HI during the 1st quarter of the last two (2) school years compared to this quarter. Of the 20 students with disabilities on H/HI, 5 required SBBH services. The percentage of

students with disabilities in other educational arrangements with either SBBH or Mental Health in their educational plans is 27% statewide. This goal is met.

Table 13: Number and Percentage of Students with Disabilities on H/HI

Quarter	1st Qtr SY 03-04	1st Qtr SY 04-05	1st Qtr SY 05-06
Total # students on H/HI	91	69	111
# Students with disabilities on H/HI	37	22	20
% Of students with disability on H/HI requiring SBBH or Mental Health	13..5%	13%	25%
State % of students with disabilities receiving SBBH or Mental Health	33%	28%	27%

Performance Goal #6: 100% of complexes will maintain acceptable scoring on internal monitoring reviews.

No Internal Monitoring Reviews were conducted this quarter.

Performance Goal #7: 100% of the complexes will submit internal monitoring review reports in a timely manner.

No Internal Monitoring Review Reports were required this reporting period.

Performance Goal #8: State Level feedback will be submitted to complexes following the submittal of internal monitoring review reports in a timely manner.

There were no State Level Feedback Reports required this reporting period.

Performance Goal # 9: "95% of all special education students will have a reading assessment prior to the revision of their IEP."

The Stanford Diagnostic Reading Test (SDRT) is the reading assessment used prior to the annual revision of the IEP. It is recommended that the assessment be administered within 90 days of the IEP. The SDRT is a group-administered, norm-referenced multiple-choice test that assesses vocabulary, comprehension, and scanning skills. The SDRT is not, nor is it intended to be, an adequate measure for a complete understanding of the student's PLEP. This is because, although diagnostic, the SDRT also falls into the category of summative assessments. A summative assessment is generally a measure of achievement relative to a program or grade level of study.

Table 14: Percentage of Students with Reading Assessment

	Jul-05	Aug-05	Sep-05
State Totals	82%	86%	90%

Schools with consistently poor data are being identified by the Special Education Section and are being given targeted assistance. In the previous report, several common inputting errors were pinpointed, and this has been the focus of targeted assistance by the Special Education Reading Resource Teachers.

Performance Goal# 10: 95% of all special education teachers will be trained in specific reading strategies.

This benchmark was met at 99% for SY2004-05. Training of newly hired special education teachers is an ongoing process. Training sessions have been conducted for 102 of 114 (89%) new teachers in Hawaii, Maui, and Leeward district   In-service training have been scheduled for the second quarter of SY2005-06 for all special education teachers throughout the State which will be reported in the next quarterly report.

Performance Goal #11: 90% of all individualized programs for special education students will contain specific reading strategies.

To determine the degree of compliance with this expectation, Reading Resource teachers in the Special Education Section randomly selected 10 IEPs per complex written during the month. The selected IEPs were reviewed for evidence of the inclusion of reading strategies.

Table 15: Percentage of Reading Strategies in IEPs

	Jul-05	Aug-05	Sep-05
IEPs with Reading Strategies	25	81	323
Percentage with Reading Strategies	100%	89%	97%

From July to September, 2005, there was a significant increase in the number of IEPs containing reading strategies. The Department met this goal with 97%.

In the last reporting period, Special Education Reading Resource teachers pinpointed specific schools, which appeared to be consistently missing this benchmark. Support and technical assistance was provided to specified schools, special education departments, and identified teachers.   This reporting period, there were still a few schools that consistently missed the benchmark. Presently, the objective is to sustain this level of data, given the fact that new personnel continue to require support and training.

Performance Goal #12: System performance for students with Autism Spectrum Disorder will not decrease.

The Department uses the Internal Review process as an indicator of system performance related to students with ASD. There were no internal reviews conducted during this quarter.

The number of students identified with ASD in the State continues to increase. From September 2004 to September 2005, there was a 10% increase in the number of identified students with ASD in the State. (Refer to Table 16)

The following agencies were awarded contracts to provide intensive services, which began on October 1, 2005:
- Behavioral Counseling and research Center (BCRC)-all districts
- CARE Hawaii, Inc.-Honolulu, Central, Leeward, and Windward Districts
- Child and Family Service (CFS)-all districts
- Hawaii Behavioral Health-all districts
- Maui Youth and Family-Maui District
- Nursefinders of Hawaii-all districts
- PACT-Honolulu, Central, Leeward, and Windward Districts
- Quality Behavioral Outcomes (QBO) Windward, Hawaii, and Maui Districts
- The Institute for Family Enrichment (TIFFE)-Honolulu, Central, Leeward, Windward, and Hawaii Districts
- The contract for the Special School was awarded to Child and Family Service; it began on July 1, 2005.

The pilot project in Central District Autism Pilot Program (CAPP) includes two training sites, five ESY/afterschool programs and five "development classes" to serve students with Autism Spectrum Disorder (ASD). In the last quarter, four of the five Extended School Year (ESY)/afterschool programs initiated their programs to meet the needs of the ASD students in their complexes. The fifth site is scheduled to start next quarter. Each ESY/afterschool program held an open house to welcome the parents and to present its academic, social and behavioral program to parents and school staff. Attendance by parents at the open houses was almost 100% and subsequent feedback from these parents has been very positive and complimentary of the program. Each elementary school program also includes an inclusion partnership with the A+ program in the associated school. Sites for the ESY/afterschool programs were selected according to frequency/intensity of the ASD cases in the area, service needs according to grade level, and the collaborative relationships with the schools. Five of the schools include "development classes", which provide additional District support and training to school personnel; in most cases, educational aides (EAs) who have been specifically trained in ASD services are assigned to these classrooms. The EAs assist teachers during the day and with transitioning the ASD students to the ESY/afterschool program. CAPP personnel are also assigned to schools to consult on difficult ASD cases, and to assist the school in developing program capacity to meet the needs of their ASD students. Currently 4 of the 7 Behavior Specialist IV positions with ASD certification and 10 of the 17 EA positions have been filled.

Table 16

Statewide Trend Data:
Number of Students with ASD 2001- 2005
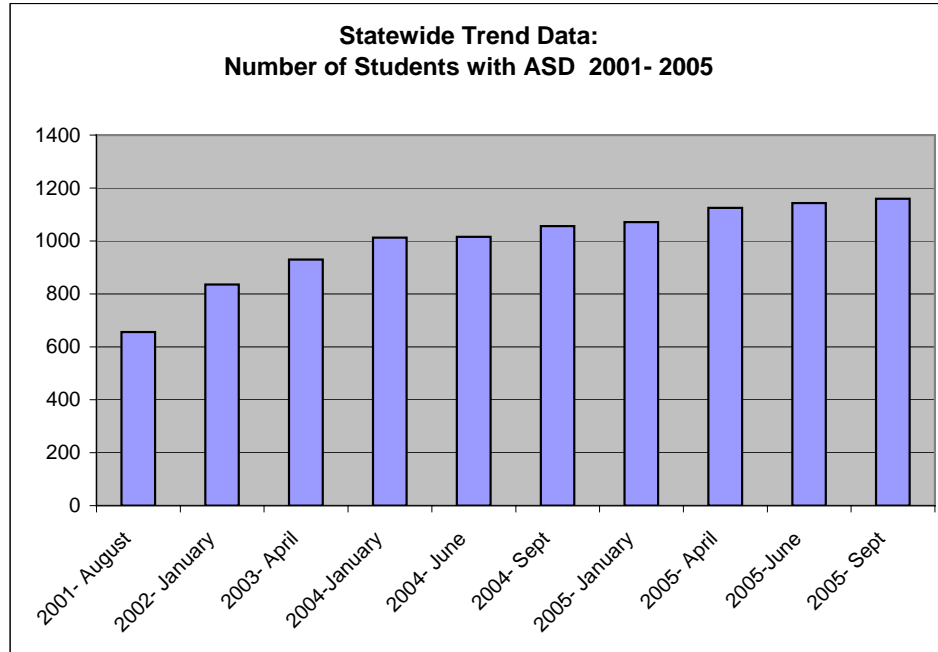
Performance Goal #13: The SBBH Program performance measures regarding service utilization will be met.

As seen in Tables 17 and 18, the average of 80 percent of the total number of Felix-Class students identified as IDEA and the average of 20 percent identified as 504 eligible students have remained constant for a year and a half. While the ratio has been stable, as anticipated, the average number of students reported as receiving those services has been gradually declining. This quarter's data was further impacted because three to six different schools did not submit data each month. Alternative interventions will be considered to rectify this situation. Nevertheless, a decrease in the average has been noted each quarter when compared with data over the past year and a half. In contrast, Comprehensive Student Support System supports at levels one to three provided by SBBH staff have increased since January 2004. (Refer to Early Intervention Services and Tables 26-28 in this report.) Additionally, both Family Guidance Center staff and District personnel have noted that students receiving intensive services present problems with increasing complexity and severity.

IDEA/504 Students Receiving SBBH Services

Table 17

Students Receiving SBBH				
MONTH	**IDEA**	**504**	**ND**	**Total**
April-04	6,199	1,564	62	7,825
May-04	5,928	1,497	280	7,705
June-04	5,816	1,499	58	7,373
July-04	5,140	1,278	23	6,441
August-04	5,391	1,345	0	6,736
September-04	5,736	1,412	0	7,148
October-04	5,681	1,384	5	7,070
November-04	5,859	1,391	0	7,250
December-04	5,758	1,369	7	7,134
January-05	5,878	1,412	0	7,290
February-05	5,792	1,391	0	7,183
March-05	5,801	1,372	0	7,173
April-05	6,115	1,409	0	7,524
May-05	5,581	1,331	0	6,912
June-05	5,013	1,227	5	6,245
July-05*	4,844	1,109	0	5,953
August-05*	4,927	1,121	0	6,048
September-05*	4,873	1,086	0	5,959

Note: Data reflects under-reporting. Six schools did not submit data in July; three did not submit in August and September.

Table 18

Students Receiving SBBH Services as an IEP/MP Related Service
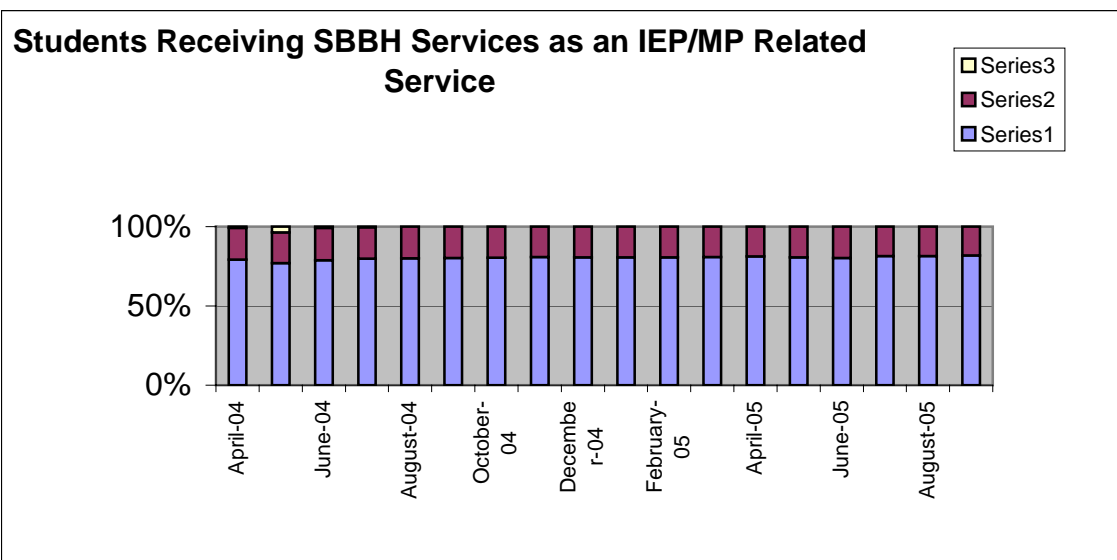
This quarter, per Table 19, individual counseling continued to be the most frequently used, on-going intervention for an average of 5157 students or an average of 86 percent of students in this target population. This has been consistent when compared to the 85-88% average of the past year.   Group counseling continued to be the method of intervention for 8 percent (498 students) compared with 10 percent of students who received group counseling last quarter and 11 percent a year ago. Medication management services were provided to 785 or 13 percent of students who received CSSS levels 4 and 5 SBBH services, a two percent decline over the past year. Family counseling was an adjunct to individual counseling for 9.5 percent or an average of 569 students, a slight decrease when compared to 738 or almost 11 percent of the students who received IDEA/504 related SBBH services last quarter. An average of 150 students (or 2.5 percent) were provided services through intensive DOE programs (Community Based Instruction/Intensive Learning Centers, Therapeutic Classrooms, and Enhanced Learning Classrooms) this quarter. This was consistent with the year's average of three percent of the population of students with IEP/MP related SBBH services who were served in these intensive programs. Overall, ratios for types of services provided were similar for the past year, with decline noticed in all but the intensive DOE programs. This trend indicates that the number of students receiving multiple modalities of services is decreasing.

Types of Services

Table 19: SBBH Students/Services July 2004-June 2005

MONTH	Total # of SBBH Students	Individual Counseling	Group Counseling	Family Counseling	Med. Management	CBI/TC/ELC
July-04	6,441	5,358	755	901	944	249
August-04	6,736	5,676	696	768	903	204
September-04	7,148	6,232	800	868	1,000	236
Average	6,775	5,755	750	846	949	230
October-04	7,070	6,231	827	824	1,050	230
November-04	7,250	6,364	836	826	1,051	230
December-04	7,134	6,363	872	823	1,025	226
Average	7,151	6,319	845	824	1,042	229
January-05	7,290	6,342	857	826	860	215
February-05	7,183	6,261	839	800	1,075	216
March-05	7,173	6,278	827	776	1,107	204
Average	7,215	6,294	841	801	1,014	212
April-05	7,524	6,362	822	789	1,122	218
May-05	6,912	5,875	736	743	1,026	187
June-05	6,245	5,367	609	682	894	174

|					
Average	6,894	5,868	722	738	1,014	193
July-05	5,953	4,779	462	638	825	170
August-05	6,048	5,331	481	565	803	150
September-05	5,959	5,360	550	504	728	130
Average	5,987	5,157	498	569	785	150

As seen in Tables 20 and 21, the Department of Education staff continued to provide most interventions with the exception of family services that are often delivered by contracted providers. Ratios remain consistent over the past year. DOE staff continued to provide an average of 86 percent of the individual counseling, an increase of 4 percent as compared with data from a year ago, with a corresponding 4 percent decrease in contracted providers delivering individual counseling. The trend continues for Behavior Specialists increasingly delivering the bulk of services, increasing from 58 to 71 percent of DOE provided individual counseling or 61 percent of the overall total. During August and September, the regular school months, School Counselors provided 18 percent of the individual counseling provided by DOE as compared to 19 and 20 percent in the preceding quarters. Although this represents only a percent decline each quarter, there is marked concern regarding the impact of the Weighted Student Formula as it relates to counselor functions and non-counseling duties. DOE staff continued to be the primary provider for 95 percent of group services, with Social Workers increasingly (five percent increase to 18 percent) providing group services, while Behavior Specialists maintained providing 40 percent of group services. However, Counselors provided 37 percent of group counseling in August and September 2005 in contrast to a year ago when they provided 44 percent of group services. The trend for utilizing contracted providers for family-counseling services appears to be declining based on the monthly data for the quarter, as well as, a comparison of the last four quarters. Contracted providers delivered an average of 66 percent of family counseling services this quarter, in contrast to 70, 71 and 73 percent during the past three quarters, indicating an increase in the provision of family counseling by DOE staff.

Comparison of SBBH Providers

Table 20: SBBH Services by Provider Types (July - September 2005)

| DOE Provider	Individual			Group			Family		
	July	August	Sept.	July	August	Sept	July	August	Sept
Behavioral Specialist	2,878	3,270	3,350	197	190	218	139	142	152
	60.2%	61.3%	62.5%	42.6%	39.5%	39.6%	21.8%	25.1%	30.2%
Clinical Psychologist	65	43	50	2	1	1	1	1	0
	1.4%	0.8%	0.9%	0.4%	0.2%	0.2%	0.2%	0.2%	0.0%
School Counselor	729	967	988	142	179	204	4	3	2
	15.3%	18.1%	18.4%	30.7%	37.2%	37.1%	0.6%	0.5%	0.4%
School Psychologist	17	31	31	0	2	2	0	0	0
	0.4%	0.6%	0.6%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%
Social Worker	279	312	304	91	86	94	51	38	45
	5.8%	5.9%	5.7%	19.7%	17.9%	17.1%	8.0%	6.7%	8.9%
DOE Provider Total	3,968	4,623	4,723	432	458	519	195	184	199
	83.0%	86.7%	88.1%	93.5%	95.2%	94.4%	30.6%	32.6%	39.5%
Contract Provider Total	811	708	637	30	23	31	443	381	305
	17.0%	13.3%	11.9%	6.5%	4.8%	5.6%	69.4%	67.4%	60.5%
System Total	4,779	5,331	5,360	462	481	550	638	565	504
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 21
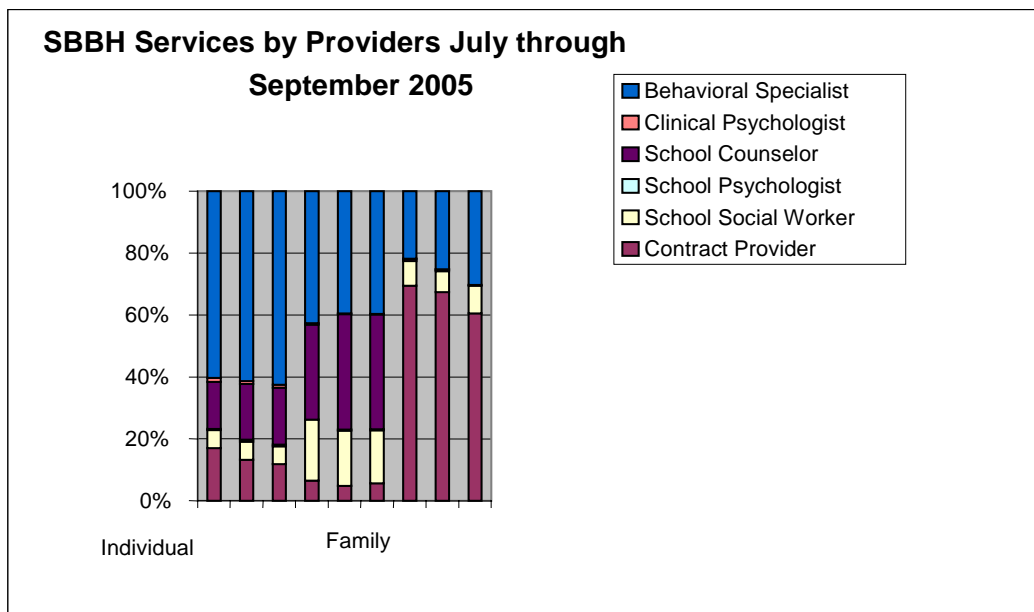
Reported Student Progress

Staff also reported student progress (Table 22) for a total of 3305 students in July, 4673 in August, and 5139 students in September. With the exception of the summer months, the number of staff who reported student progress continues to increase each month. The percentages of students with progress levels reported increased from 43 percent in July 2004 to 67 and 74 percent in the following months of August and September to 75 to 81 to 82 percent the next three quarters. Despite the decline to 56 and 77 percent reported during the summer months of July and August, staff rebounded in September and reported progress levels for 86 percent of the students.

Table 22
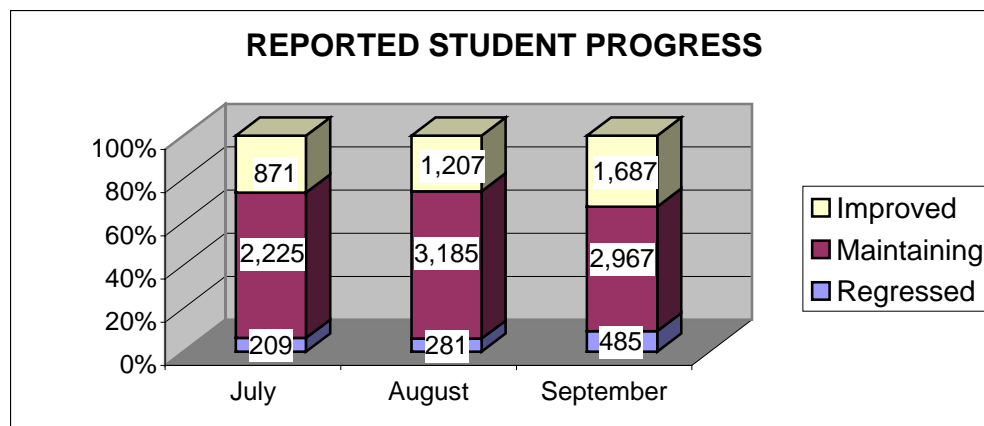
Of those reported, 26 percent improved in July and August and 33 percent were said to have improved in September. 67 and 68 percent were reported as maintaining during the summer months when services were delivered to ESY students and those in need. In contrast, 58 percent were reported as maintaining, corresponding with the higher percentage of students who improved during September. Notable, too, was the percentage of students reported to have regressed during a given month: 6 percent during July and August and 9 percent during September.

Table 23

REPORTED PROGRESS November 2003 through September 2005
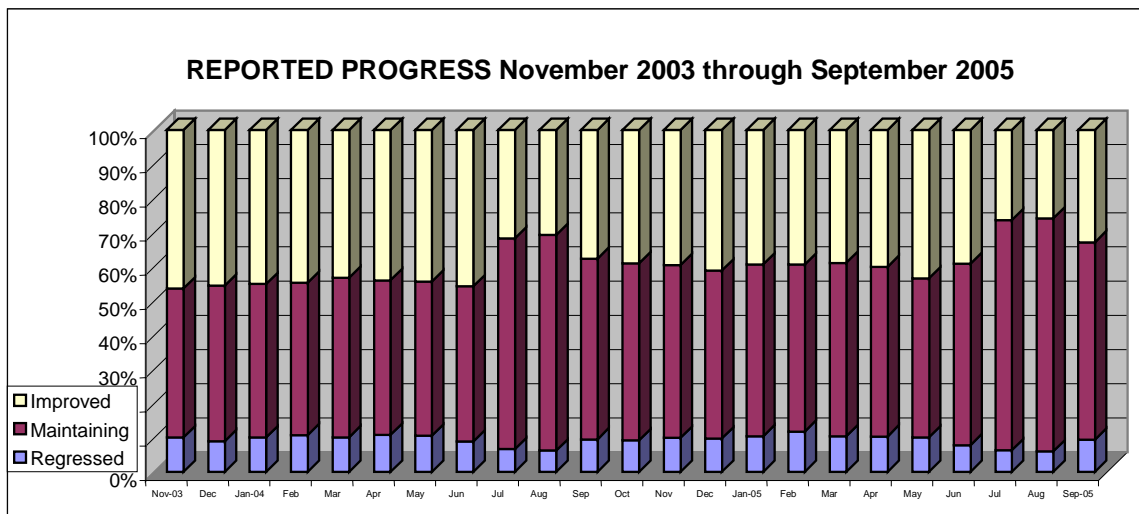
Trend over 22 months indicates similar pattern during the months of July, August, and September. (Table 23) However, trend over time also indicates that a smaller percentage of students are reported as improving. Although reported student progress is a subjective measure, the data indicates that continued monitoring is warranted. With the implementation of the BASC-2 this Spring, along with focused trainings, the collected data can and will be utilized by SBBH staff to focus on student needs, writing measurable goals and monitoring student progress toward reaching those goals, based on data. Statewide training, district by district, has focused on the development of measurable goals and objectives, as well as, strategies for achievement of the necessary skills and monitoring of progress to include quantifiable data collection for each student. Please refer to the report under Performance Goal 15.

The above data in Table 23 is deemed to be a conservative report as the numbers are reflective of the students served during a specific month. Students who have made progress and who no longer need the services are not reflected in the following month's data. Students continuing to receive services from year to year may require long-term support. Consequently, the above information should be considered along with data on the number of students who are new or exiting from SBBH as a related service.

Focus of Services

Although ratios remain generally similar, with two to four percent fluctuation when compared with the past year's data on the focus of services for SBBH students, this quarter's results were based on significantly under-reported information. Further exploration is warranted to detect the reasons for the insufficient reporting and to correct the situation (See Table 24).

Table 24

Focus of Services							
MONTH	**Attention**		**Emotional**		**Cooperation**		**Social Skills**	
April-04	907	18%	2,009	39%	1,174	23%	1,030	20%
May-04	882	17%	2,079	40%	1,209	23%	1,081	21%
June-04	778	17%	1,828	39%	1,088	23%	956	21%
July-04	742	18%	1,606	39%	931	23%	797	20%
August-04	914	19%	1,724	37%	1,058	22%	1,026	22%
September-04	1,041	20%	1,978	37%	1,160	22%	1,121	21%
October-04	1,015	20%	1,881	37%	1,160	23%	1,030	20%
November-04	1,060	20%	2,068	38%	1,185	22%	1,092	20%
December-04	1,079	19%	2,146	38%	1,247	22%	1,109	20%
January-05	1,022	18%	2,140	39%	1,218	22%	1,151	21%
February-05	1,067	19%	2,156	38%	1,272	23%	1,135	20%
March-05	1,041	18%	2,130	38%	1,328	23%	1,155	20%
April-05	993	18%	2,146	38%	1,325	24%	1,126	20%
May-05	999	19%	2,066	38%	1,228	23%	1,082	20%
June-05	787	18%	1,727	39%	1,021	23%	838	19%
July-05	548	16%	1,348	41%	795	24%	634	19%
August-05	794	18%	1,707	38%	1,077	24%	866	19%
September-05	411	18%	866	37%	519	22%	534	23%

Students receiving SBBH as an IEP/MP Related Service: Exits and Entrances

Per data presented in Table 25, a total of 461 students with IEPs or 504 Modification Plans were *newly identified* as needing SBBH services this quarter in addition to 511, 522, 608, 482, 622, 724, and 498 in the preceding quarters. As the trend over the past two years indicated, referrals start slowly at the beginning of the school year, increase, peak and taper during the next four quarters. *Due to attaining success, **397** students graduated or met goals and exited the program this past quarter, and **1579** during this past twelve months. Due to achieving educational goals, **3540** students have exited the programs since September 2003.* Although this information may be an underestimate as it reflects what is reported on the SBBH Data Log, it reflects a significant measure of success. When data can be automated on a database, more precise information will be captured.

Data continues to reflect much movement of students into or out of service, or among DOE schools. This means that SBBH staff, statewide, are continually challenged with developing relationships with new students and parents, understanding student needs, and developing plans and services needed to transition students into, between or out of

schools. The data below indicates that the DOE system is highly fluid and not static, as new students are continually identified as needing services while others exit due to having met goals and attaining success or other reasons.

Table 25

STUDENTS RECEIVING SBBH AS IEP/MP RELATED SERVICE: ENTRANCE AND EXIT					
	New to SBBH	**Transferred in**	**Met goals/ Grad.**	**Moved**	**Parent Decision**
Sep-03	111	226	160	353	42
Oct	126	102	76	129	24
Nov	208	179	181	226	66
Dec	164	136	122	154	54
Jan-04	235	208	118	240	53
Feb	248	171	119	231	54
Mar	241	169	113	196	46
Apr	247	156	151	197	46
May	217	134	185	153	45
Jun	158	96	358	153	52
Jul	149	290	186	227	42
Aug	233	533	132	174	25
Sep	100	138	60	58	10
Oct	172	203	59	110	26
Nov	222	159	79	152	28
Dec	214	141	71	144	20
Jan-05	225	139	119	188	30
Feb	167	137	103	158	22
Mar	130	83	86	99	4
Apr	186	92	112	129	18
May	176	80	181	139	11
Jun	149	120	372	294	19
Jul	121	293	205	149	18
Aug	185	426	102	158	9
Sep-05	155	205	90	121	17

The average number of students who received these services per month does not equal the total number of students served in a year. During FY 04-05, the SBBH program provided an average of 7009 IDEA/504 students with SBBH related services each month as compared to the average of 7,508 students per month in SY 2003-04. However, because of student turnover, services were provided to a significantly greater total

number of students than the average indicates. Month by month inspection shows a steady influx of new students receiving IEP/MP related SBBH services, as well as, students who exited when they attained success in meeting behavioral and educational goals.
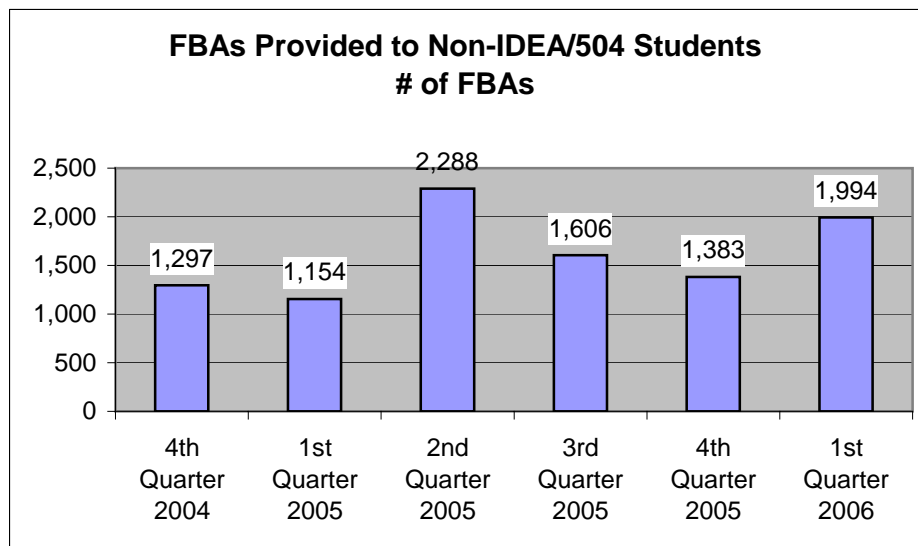
Early Intervention Services

DOE personnel who provided the services for Felix-class students also provided early intervention services for Non-Felix-class students, as envisioned in the context of the Comprehensive Student Support System (CSSS) and the array of supports available to all students.

Table 26: Non-IDEA/504 Students served

Month	# Of Non-IDEA/504 Served	# Of Non-IDEA/504 Hours
January-04	14,747	16,359
February-04	15,117	12,514
March-04	16,425	27,098
Quarter Total	46,289	55,971
April-04	21,851	25,451
May-04	21,905	23,517
June-04	4,388	3,956
Quarter Total	48,144	52,924
July-04	2,782	6,588
August-04	20,733	24,986
September-04	23,250	31,490
Quarter Total	46,765	63,064
October-04	26,011	22,930
November-04	26,610	26,257
December-04	21,401	21,758
Quarter Total	74,022	70,945
January-05	24,045	18,477
February-05	25,508	19,510
March-05	21,489	15,318
Quarter Total	71,042	53,305
April-05	25,729	24,966
May-05	24,602	18,706
June-05	4,146	5,611
Quarter Total	54,477	49,283
July-05	6,022	6,963
August-05	16,207	11,417
September-05	24,361	16,396
Quarter Total	46,590	34,776

Per Table 26, 46,590 non-IDEA/504 students were provided consultation, observation, classroom guidance instruction, functional behavioral assessments/behavior support plans, walk-in counseling, and other assistance to classroom teachers and students during this past quarter. Predictably, intervention services tapered off during this quarter when compared to 54,477, 71,042, and 74,022 students served the last three quarters. Compared to the same period last year, the number of students served during the summer months and early school year (46,765 students served) was remarkably close. As illustrated in Table 26, the same staff providing SBBH services to Felix-Class students including counselors, behavior specialists, social workers and psychologists also reported statewide provision of 34,776 hours of early intervention SBBH services during the this quarter as compared to 63,064 hours during the same quarter last year. These services included individual, classroom, and consultation supports in addition to CSSS level 1 to 3 supports and services provided by other counselors who do not serve Felix-Class students.

Table 27

**FBAs Provided to Non-IDEA/504 Students**
# of FBAs

Functional Behavioral Assessments are an integral part of SBBH service delivery. An FBA provides early intervention information that leads to the development of a Behavior Support Plan. The process allows teachers, other staff, and families to gain insight regarding unproductive student behaviors, student's strengths, and the changes necessary to increase more adaptive behaviors that support student achievement. The data in Table 27 depicts the numbers of FBAs conducted by non-supervisory level psychologists, behavioral health specialists, counselors, and social workers. Staff completed an additional 1994 FBAs across the five levels of CSSS this quarter, a significant increase from the last quarter, as well as, a year ago.

In addition to FBAs, early intervention services to CSSS level 1 to 3 students increased steadily throughout the year with the exception of a decrease noted during the summer months, the partial school month of December, and in March when spring break occurred, as seen in Table 28 below. Similar trend is noted for this school year, with a significant decrease in June. Also notable is that the number of students receiving SBBH IEP/504 related services has remained relatively stable, indicating that more students are

accessing services earlier. Effort is evident in the provision of early intervention services. Data reflects system responsiveness based on the numbers of non-disabled students accessing services, indicating awareness, identification, and utilization of School-Based Behavioral Health supports across the levels of CSSS to meet students' needs as soon as possible.   SBBH services are provided within the Comprehensive Student Support System (CSSS). As predicted in December 2000, as more students are supported with CSSS levels 1 to 3 school interventions and supports, fewer students require intensive services.

Table 28

Students Served by SBBH Jan04-Sept 05
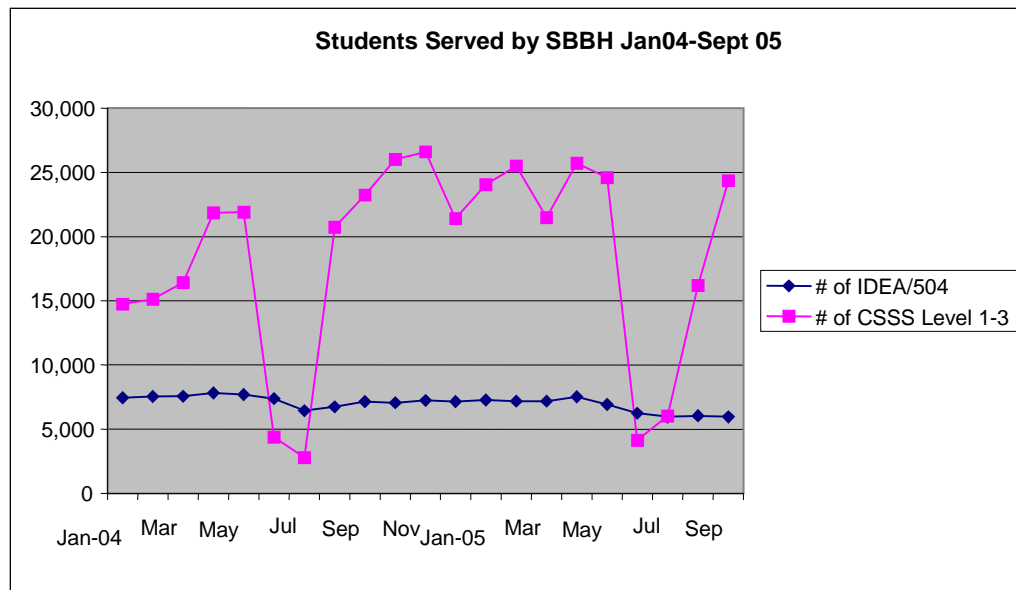
Performance Goal # 14:
a) *60% of a sample of students receiving SBBH services will show improvement in functioning on the Teacher Report form of the Achenbach.*
b) *Student functioning as described on the Achenbach TRF scores on students selected for Internal Reviews will be equivalent to those of a national sample.*

Progress Toward Reaching Performance Goal A

Implementation of Data Collection
Consistent with the goal of continuous SBBH program improvement, a substantially better model of SBBH program evaluation was developed and introduced in the July-September 2004 quarterly report. More specific information about these changes and advantages of these changes along with the data collection model were included in subsequent quarterly reports. These changes have continued to be implemented during the past quarter.

BASC-2 Data Available for Reporting

Statewide BASC-2 data collection and compilation were significantly challenged by unforeseen difficulties. Although beta testing of the BASC-2 client-server software was initiated in May, it was disrupted due to a problem that could have compromised confidentiality. American Guidance Services fixed the problem, and beta testing resumed on June 17, 2005 with only minor difficulties. There are currently fifty users testing this software, and approximately one hundred and fifty users are anticipated to be connected to the client-server by the end of July 2005. Because many counseling providers are yet to be connected to the server, manual forwarding and compilation of the BASC-2 data was necessary, challenging everyone involved. As a result, some data was not forwarded to SBBH State Office or included in the current analysis. This problem will be resolved when the client-server version of the computer program is released. Despite these many challenges, very good progress has also been made in assuring that the software incorporates features needed to assure data is obtained in a way that is user friendly, efficient and in a format that allows for the types of analyses needed to meet the SBBH Program evaluation goals.

Despite the challenges noted above, data was collected on 1,565 students, which reflects a 400% increase over last quarter. This includes both new students just entering counseling as a related service and those who have had an annual review since January 3, 2005. The collected data, which is very consistent with the findings last quarter, should be considered appropriate for understanding the needs of students from across the State of Hawaii currently receiving SBBH programming.

Summary of High Frequency of At Risk Scale Elevations on BASC-2 Scales

SCALE	TRS-C	TRS-A	PRS-C	PRS-A	SRP-C	SRP-A
Attention Problems	Yes	Yes	Yes	Yes	Yes	Yes
Anger Control	Yes	Yes	Yes	Yes	Yes	Yes
Developmental Social Disorders	Yes	Yes	Yes	Yes	NA*	NA*
Low Resiliency	Yes	Yes	Yes	Yes	NA*	NA*
Study Skills	Yes	Yes	NA*	NA*	NA*	NA*

*This clinical scale is not included on this rating scale

(TRS- Teacher Rating Scale; PRS- Parent Rating Scale; SRP- Self-Report of
          Personality; C- Child; A- Adolescent)

The following scales had a high frequency of at risk elevations:
- Attention problems on all scales completed by teachers, parents and students.
- Anger Control on all scales completed by teachers, parents and students at both age levels.
- Developmental Social Disorders was noted on all scales that measure this problem including parent and teacher ratings at both age levels.
- Low levels of Resiliency on all rating scales that measure this factor including parents and teachers at both age ranges.
- Study skills problems were identified by teachers at all grade levels. This scale is not included in the parent or student scales.

Summary of Low Frequency of At Risk Elevations on BASC-2 Scales

SCALE	TRS-C	TRS-A	PRS-C	PRS-A	SRP-C	SRP-A
Summarization	Yes	Yes	Yes	Yes	NA*	Yes
Anxiety	Yes	Yes	Yes	Yes	No	Yes
Test Anxiety	NA*	NA*	NA*	NA*	NA*	Yes

* This clinical scale is not included on this rating scale

This data indicates that 30 % or less of the students for which the BASC-2 was administered exhibited or reported problems at the "at risk" range in these areas.

Implications for SBBH Training, Program Development
Training to address these problem areas has already started to be included in the SBBH professional development plan.   This includes a workshop on evidence based interventions that is scheduled for July. The BASC-2 data has been presented and implications for best practices were integrated into trainings provided for counseling providers and supervisors during the past quarter. As described in Performance Goal 15, this data will be presented at various levels of the system for consideration when planning program priorities. Changes implemented based on these findings will be noted in future quarterly reports.

Plans for Future Data Analysis to Further Examine SBBH Program Effectiveness
Although separate data analysis was planned for students beginning counseling as a related service and those who have been receiving these services for a year or more, the information needed to separate these groups was to be entered in a field marked "Other data". This name for the field did not serve as a good prompt for completion, and many did not enter the code. This will be addressed this quarter.
Initial attempts to identify a way to integrate BASC-2 data with other databases currently available to allow for analyses of relationships between the scales and scale combinations on the BASC-2 and important student outcome, such as, current grades, scores on group achievement tests, school disciplinary actions and restrictiveness of placement has not produced a viable way to do this. This will continue to be explored.

Once a second TRS has been administered for a student then a meaningful comparison to the baseline can be made for the student. Although there may be a small number of students as early as next quarter that will have an administration of the TRS at the time of the annual review and again as they discontinue services, it is important to note that the first quarterly report that would include a substantial number of these comparisons would be in April 2006. However, a major foundation for a quantifiable system to assess program effectiveness is now in place. The first report to include comparisons between baseline and follow-up comparisons for the entire group will be in January 2007, and the whole group will be included in every quarterly report thereafter. These comparisons will be aggregated to determine if ***Performance Goal 14a,*** "60% of all students receiving SBBH services show improvement in functioning on at least one scale on the Teacher Rating Scales (TRS) form of the BASC-2," has been met.

Progress Toward Reaching Performance Goal B

Performance Goal b states:

> A "Measurable Goals and Progress Monitoring" pilot project will be implemented in at least one complex during the last quarter of the current school year.

As described in the last quarterly report, performance goals 14 a and b must also be linked. Behavioral health difficulties identified when the BASC-2 is administered should be targeted within the context of the student's functioning in school. Therefore, implementation of the ***performance goal b*** was deferred until the first phase of statewide training on the BASC-2 was completed to assure this integration.

State-wide training has focused on teaching counseling providers skills in writing measurable goals and monitoring student progress toward reaching those goals. (Please refer to Performance Goal 15.) West Hawaii district was selected for participation in this pilot study for several reasons. This district had requested and participated in additional training sessions on using these methods. Many of these counseling providers are demonstrating a very good level of knowledge and skill and have agreed to participate in this pilot project, which will begin in October 2005. Phase one of the project will involve training and intensive group consultation on two cases per counseling provider. Phase two will expand the consultation to additional cases to increase consistency in implementation and to provide this training to school-level teams.

The longer-term goal is to use these progress monitoring methods along with the BASC-2 to further examine the effect of counseling interventions and other supports on goal attainment. If this pilot project is found to be effective in improving student outcomes, then a plan will be developed for expansion of this training into other complexes across the state.

Goal attainment data will also provide additional objective feedback that can be used for program monitoring and improvement. For example, it may be found that the SBBH Program is very effective in addressing some types of problem areas but less so in others. Information obtained from the project will be useful when targeting areas of emphasis for subsequent supervision and training.

Performance Goal #15: System performance for students receiving SBBH services will not decrease.

The Ultimate Goal: Student Achievement

A primary goal of the SBBH program is to provide students, particularly those with disabilities, the emotional and behavioral supports needed so students can achieve their academic goals. Therefore, an indirect, yet very important, measure of the impact of SBBH services continues to be the ratio of students attaining academic proficiency. Although many of Hawaii's schools did not meet their AYP goal, it should be noted that the progress, in proportion to students reaching proficiency achieved at the end of the 2003-2004 school year was maintained and small improvements were documented for the 2004-2005 year.

State Performance-Students Attaining Proficiency

Area	2002-03	2003-04	2004-05	Increase Past Year	Increase Past 2 years
Reading	39%	45%	47%	2%	8%
Math	19%	23%	24%	1%	5%

Although this improvement may seem modest, this means that 3,600 more students attained proficiency in reading, and 1,800 additional students reached proficiency in math during the past year and that 14,400 more students attained proficiency in reading, and 9,000 additional students reached proficiency in math during the past two years.

Many factors undoubtedly contributed to the increased percentage of students reaching academic proficiency, but it is notable that this improvement corresponds with the time-frame when the SBBH program became employee-based, which greatly improved the stability of service provision. Improved

student achievement supports the view that the SBBH program functioning is at least maintaining, if not improving, system performance. However, it is unreasonable to assume that more students are achieving academic proficiency if the SBBH program reduced system performance and functioning.

To substantiate the above premise, the SBBH Program intends to explore the viability of tracking other relevant progress monitoring data specifically for students receiving counseling as a related service when additional support positions are filled.

Development of a System for Continuous Self-Monitoring

As stated in the Felix Decree, "The system must be able to monitor itself through a continuous quality management process. The process must detect performance problems at local schools, family guidance centers, and local service provider agencies. Management must demonstrate that it is able to synthesize the information regarding system performance and results achieved for students that are derived from the process and use the findings to make ongoing improvements and, when necessary, hold individuals accountable for poor performance."

Multiple overlapping approaches are currently functioning and/or are being developed to provide the continuous self-monitoring needed to optimize the functioning of the SBBH Program in particular and the mental health support system for students in general. Significant activities for three of these systems for continuous self-monitoring are described below.

1. Since June 2005, the State Interagency Quality Assurance committee has expanded to include representatives from the Department of Human Services-Child Welfare, Hawaii Families as Allies, Developmental Disabilities, and Early Intervention Services and has continued to meet on a monthly basis to broaden interagency collaboration and inter-systems performance between agencies that jointly serve our students.

2. As BASC-2 data is gathered for an increasing portion of students receiving counseling as a related service, more reliable findings become available to guide the SBBH program and other systems of support for students. As described in Performance Goal 14, BASC-2 data was collected for 1,300 additional students during this quarter. This is considered to be very good progress, especially considering summer break is included in this quarter, and there are fewer IEP meetings. Currently a total of over 5,800 behavior rating scales have been administered regarding more than 2,800 students. The following approaches will be used to inform SBBH staff and others within the various systems so they can use this data to guide program development/coordination.

- Tables of high frequency and low frequency of "At Risk" and "Clinical" Scale elevations on BASC-2 Scales have been calculated for students receiving counseling as a related service, which is provided under the Performance Goal 14 section of this report. These tables outline the types of problems exhibited by students currently receiving services. The BASC-2 Quarterly Report, containing more detailed district-level analyses, will be reviewed with SBBH Program Coordinators. BASC-2 data is now being utilized in the "continuous quality management process" by helping identify areas of strength and challenge of the DOE in particular and the community in general in resolving a variety of types of student problems.

- The BASC-2 data continues to be shared with programs, departments and agencies that have a common interest in prevention and early intervention for children with emotional/behavioral problems to focus and activate resources to address our shared agenda. Within the Department of Education, presentations have been made to the decision makers for the Comprehensive Student Support System and Special Education Program.

- The State School Psychologist presented the current BASC-2 data collection system to the Evidence-Based Intervention Committee on August 2, 2005 to explore the viability of sharing progress monitoring data between DOE and the Child and Adolescent Mental Health Division from the Department of Health. This coordination would improve understanding of the student's current functioning, identify clear targets for interventions, and assist in monitoring progress for both departments. The feasibility of sharing data/information will be further explored in January 2006 when it is expected that BASC-2 data will be available for more than half of the students receiving counseling as a related service.

- An excellent forum for presenting the BASC-2 data to other State Departments, such as the Department of Human Services, the Juvenile Justice System, and other community agencies is through ongoing Community of Practice forum meetings. This information should be useful in focusing on a "shared agenda." The BASC-2 data is helpful in identifying barriers to learning, but these barriers often cannot be removed by one program, such as SBBH. However, it may be possible if the Communities of Practice Forum includes it on the shared agenda.

Many critical steps have been taken this quarter to maintain and improve the implementation of the BASC-2 for SBBH program evaluation. This task is

monumental when considering that data on approximately 9,000 students will be gathered over the next year. Examples of improvements made this quarter to facilitate implementation include:

- A greatly increased inventory of BASC-2 materials has been provided to all districts. This includes an additional year's supply of protocols, more interpretation manuals, additional software for administration of the Student Observation System, CDs of the items from the rating scales (to assist administration of these scales for children and parents that may have reading problems) and other tools that should help improve the level and quality of BASC-2 implementation.

- A list of students who need to have BASC-2 data entered into the data base through the end of December 2005 has been provided to individual counseling providers for two districts to support them in assuring that required scales are administered. This notification will be completed for all of the remaining districts during the next quarter.

- Districts forwarded BASC-2 data files for counseling providers who are not connected to the network data base to the SBBH State Office. This data was needed for analysis and inclusion in this report.

- Continued extensive collaboration with American Guidance Services focused on the on-going development of the BASC-2 client-server software. Participation in Beta testing of the software and conferencing with the software developers has produced a program that will meet the needs of students, counseling providers and program evaluation. Beta testing is now completed, and all users will update to the production version of this software on October 11, 2005.

- Approximately 50 staff were connected to the server database for Beta testing when the last quarterly report was written, and it was projected that 150 more users would be connected during this quarter. Currently, over 350 users are connected, which was twice the increase projected, and this is a 600% increase over the number of users connected to the server last quarter. During the next quarter, hundreds more counseling providers will be connected to the server. When all counseling providers are using the server, data analysis can be on-going rather than each quarter when data is forwarded.

- The State School Psychologist continued to consult with Dr. Cecil Reynolds, co-author of the BASC-2, this quarter regarding the use of the BASC-2 for SBBH program evaluation.

3. The "Communities of Practice" Forum was organized by Dr. Paul Ban, Director of the Quality Student Support Branch in consultation with Joanne Cashman from the National Association of Special Education Directors. Following numerous phone conferences and a planning meeting on September 7th, the forum was held on September 8th and 9th including participants from a cross section of community stakeholders in promoting mental health wellness for students. More information about

the forum is provided under the "State-Wide Training" section below. Many participants from the Hawaii Community of Practice forum will be furthering their understanding of this process by attending the "2nd Community Building Forum and 10th Annual Conference on Advancing School Mental Health" in Cleveland Ohio. The goal of this conference is to learn from other states that have been able to form highly effective Communities of Practice.

A primary goal of the Hawaii Community of Practice forum is to facilitate ongoing communication among stakeholders as they identify their "shared agenda." Although the Department of Education in general and the SBBH Program in particular are focused on the reduction of emotional and behavioral problems experienced by many of the children in our community, much more can be accomplished through a coordinated and focused approach in collaboration with stakeholders.

Consistency in SBBH Leadership

SBBH leadership continues to provide stability for the SBBH Program.
- The SBBH State Educational Specialist has been that position since November 2003.
- The doctoral-level State School Psychologist has been in that position since May 25, 2004, and he has been full-time since August 2004.
- The masters-level State School Psychologist has been in that position since August 2003.

All district-level SBBH Program Coordinators positions have been filled and stable since summer 2004. The State Educational Specialist and four of the eight district coordinators have been involved with SBBH since the conception of the program, providing the broader vision and the long-term stability. The SBBH Educational Specialist and State School Psychologists have continued to attend meetings with SBBH staff throughout the state to provide training or programmatic support, which is needed to resolve problems and optimize their functioning. Consistent leadership, networking and collaboration continue to be critical in system sustainability and improvement.

State-wide Training

During this quarter, the state-wide training effort targeted improvement of system functioning by addressing several diverse areas.

1. Training on the Behavioral Assessment for Children, Second Edition (BASC-2): An Introduction
   Training was provided through multiple sessions, state-wide, on implementation procedures used when using the BASC-2 for progress monitoring, administration of the BASC-2 Student Observation System (SOS) and an introduction to interpretation of BASC-2 rating scales computer reports was provided by the State School Psychologists. These introductory trainings were provided throughout the state since December 4, 2004, and the majority of the staff providing counseling as a related service attended these training sessions by the end of last quarter. Six of these workshops were provided this quarter, and three are already scheduled for next quarter to accommodate new employees and others who were not able to attend earlier workshops. At least one session of this introductory level training will have been provided in each district during either this

quarter or next quarter. This quarter a total of 266 DOE staff attended training including clinical psychologists, school psychologists, behavioral specialists, family support workers, social workers, school counselors, student service coordinators, principals and 504 coordinators. Workshop evaluation ratings during this past quarter were 4.5 for the presenter, 4.4 for content, 4.2 for process and 4 for application on a 5 point scale.

2. <u>Training on BASC-2 Interpretation and Integration of Findings into the Student Record</u>
    Last quarter the State School Psychologist developed and piloted a workshop on interpretation of the BASC-2 and integration of this information into the Present Levels of Educational Performance section of the IEP/MP, and for enhancing the data collection for the Functional Behavioral Assessment. A presentation on writing measurable goals and designing a progress monitoring plan was also provided. A total of eight of these workshops were provided this quarter including at least one training for each district and each neighbor island. This quarter a total of 315 DOE staff attended these trainings including clinical psychologists, school psychologists, behavioral specialists, family support workers, social workers, and school counselors. Workshop evaluation ratings during this past quarter were 4.4 for the presenter, 4.6 for content, 4.5 for process and 4.1 for application on a 5 point scale.

    Support for implementation of the BASC-2 is being provided during state-wide and district-level meetings and trainings. Additional technical assistance for the use of the BASC-2 is being provided through the State School Psychologists and the test publisher, American Guidance Services (AGS).

3. <u>Training on Use of the BASC-2 for Psychological/Psychiatric Evaluation</u>
    On August 30, 2005, the State School Psychologist and SBBH State Educational Specialist provided a workshop on the use of the BASC-2 when performing Emotional/Behavioral Assessments. Participants were trainers or evaluators for agencies with contracts to provide assessment services. The intent of this workshop was to assist providers in making the transition to integrating the required BASC-2 data into the evaluation report. This will facilitate consistency between evaluation reports from DOE employees and contracted providers. Materials needed to present this workshop have been provided to all agencies who have contracts to perform assessments. There were 25 participants at this training.

4. <u>Training in Evidence-Based Practices for Childhood Disorders</u>
    Dr. Bruce Chorpita, Director of the Anxiety Clinic and professor from the clinical psychology and psychiatry programs at the University of Hawaii, presented on the four major childhood disorders of Anxiety, Depression, Disruptive Behavior, and Attention Difficulties. In addition, the current Evidenced Based Practices (EBPs) for each of these disorders were reviewed and practiced in small groups. Family interventions were emphasized for use with disruptive behavior disorders because research indicates that parent training/education and other family interventions are the most effective for students with these disorders. This topic was identified as the first choice for training in a survey of SBBH staff, and approximately 230 staff, many on non-work time, attended the two summer workshops on July 11th and 12th. Evaluation ratings for this presentation were results Knowledgeable, 4.7; Skilled, 4.3; Motivated, 4.5; Relevant, 4.4; Understandable, 4.4; Helpful, 4.3; Useful 4.9; Engaging 4.8; Well-paced, 4.1; Confident, 4.0. Over-all average of 4.2. A conference to follow-up on application of the knowledge gained at the July workshop was postponed, and another date has not yet been scheduled.

5. Planning for the Pilot Study-"Putting it All Together"
    Over the past 14 months state-wide trainings have been provided on writing measurable
    goals and monitoring progress toward goal attainment. BASC-2 implementation,
    interpretation and integration of information have also been a focus during the past year.
    A third emphasis has been placed on use of evidence-based interventions. During this
    quarter, the State School Psychologist has developed a training project that will assist
    SBBH staff in integrating all of these skills together while reviewing two of their own
    cases in small groups. A protocol that can be used during supervision/consultation
    meetings to assure that important processes are used routinely will also be refined based
    on feedback received. The pilot project identified in **Performance Goal 14 b** will begin
    training activities on October 11, 2005 in Kona and on October 12, 2005 in Molokai**.**
    Follow-up workshops to continue case reviews will occur in December and
    approximately every two months thereafter.

6. The SBBH Guide and Standards of Practice (SOP)
    Nearly 3000 copies of The SBBH Guide and SOPs (to assist teams when specific IEP/MP
    assessments and related services are being considered) were distributed to all districts this
    quarter for training and staff utilization. The forms included as attachments are being
    used in trainings to support staff in implementing a standard documentation process.

7. "Communities of Practice" focused on our "Shared Agenda"
    "The Shared Agenda across Educational, Mental Health and Family Groups: A Forum to
    Build a Community of Practice in Hawaii" was held on September 8th and 9th.
    Participants included representatives from Big Brothers/Big Sisters of Honolulu, Hawaii
    Families as Allies, Tripler Army Medical Center, Hawaii State Legislature, Hawaii
    Attorney General's Office, Institute for Family Enrichment, Hawaii Department of
    Health, University of Hawaii, Child and Family Services, Hawaii State PTSA,
    DHS/Child Welfare Services Branch, DHS/Vocational Rehabilitation, Special Education
    Advisory Council, Community Children's Council, Learning Disabilities Association of
    Hawaii, DOE Special Education, DOE Student Support Services, and DOE Instructional
    Services Branch. Parents of children with disabilities, a district superintendent, a
    principal, a Student Service Coordinator and teachers also participated.

    The forum to build a Hawaii Community of Practice focused on the benefits of
    developing an improved way for state departments and agencies to work collaboratively
    with each other. Rather than everyone thinking about their own department or agency,
    there is a shift of focus toward a "shared agenda." This approach uses the natural bonds
    that form between people that do common work. The focus is on shared problem-
    solving, where everyone is focused on outcomes. The DOE's CSSS model and the
    SBBH Program were presented, and the possibilities for activating community supports
    to further student wellness and progress in collaboration with the participant groups
    identified above is tremendous.

    The National Association of State Directors of Special Education (NASDSE) provided
    the seed grant and facilitated the forum. NASDE brought to Hawaii a group of cross-
    state community of practice stakeholders from Maryland, Ohio, and Pennsylvania who
    presented approaches that were successful for them. Several key participants at the
    Hawaii Communities of Practices forum formed a steering committee which
    subsequently met with DOE staff support. As a follow-up on the forum, the steering

committee began to define the "Why?" and "First Steps" for building a Hawaii Community of Practice with a "Shared Agenda" and identified five key reasons:

- o   Promotes buy-in
- o   Stop "bleeding" of resources
- o   Focus on child and family
- o   Build relationship and strategies
- o   Impact policy development

At the invitation and with funding from the NASDE, several steering committee members will be attending the "2nd Community Building Forum and 10th Annual Conference on Advancing School Mental Health" in Cleveland, Ohio on October 26-29, 2005.   The SBBH State Educational Specialist and several SBBH Program Coordinators will also be attending with funding from the SBBH State Office.

District-Level Training

During this quarter, 153 formal district-level training sessions were provided to 3,533 staff. The total number of district-level training sessions increased by 49% from the 103 training sessions reported last quarter, and the total number of staff attending these trainings increased by 46% from 2,443 staff reported attending training last quarter. When this quarter is compared with the 123 formal training sessions provided for the same quarter in 2004, a 24% increase is noted, and an increase of 53% is found when comparing the number of staff trained this quarter to the 2,311 staff reported participating in training during the same quarter of 2004. This data identifies a strong trend toward increased training provided by districts across the state. In every district, multiple role groups attended trainings and completed standardized evaluations of the presentation, content, process and applicability of the sessions. Quality measures averaged 4.5 on a 5-point scale which indicated high consumer satisfaction and utility.

Some workshop topics, such as Chapter 56, Chapter 53, ISPED, FBA/BSP, Writing Measurable Goals and Objectives, BASC-2 SOS Training, Introduction to the BASC-2, Reauthorization of IDEA, Administering the WAIT, CSSS Training, Evidence-Based Practices, and Crisis Prevention and Intervention/Nonviolent Crisis Intervention, Missed Sessions, Standards of Practice, Procurement Procedures, Child Abuse, Family Court, SBBH Legal Issues, SBBH Orientation, SBBH Peer Review Processes, Parenting Skills, Special Education Evaluation and Eligibility, Cognitive Behavioral Therapy, Working with Defiant Children, Understanding Children and Youth Challenging Behaviors, and EBT Best Practices were repeated this quarter.

However, new presentation topics included the SBBH Guide, NCI Recertification, Individual Educational Programs 101, Using Excel to Collect and Graph Data, Truancy Reduction Project Training, CSSS Database Training, Training for Filing Family Court and Educational Neglect Petitions, Internal Administrative Investigation Workshop, Poverty Workshop, Domestic Violence Workshop, Crisis and Risk Assessment, Verbal De-escalation, Youth with Sexualized Behavior, Case Management/Coordinated Service Plan, and Engagement Skills/Case Management.

Supervision

In addition to the subject-focused group training sessions, staff continue to receive ongoing professional supervision. This is equally important in order to assure application of concepts learned through formal training sessions and to monitor the use of evidence-based interventions. District School Psychologists, Clinical Psychologists, Program Managers and School Psychologists-Complex Based monitored the application of training into service delivery through supervision, consultation, and one-on-one assistance.

There was a range of 49-59 psychologists and program managers reporting each month during this quarter with an average of 55 reporting their activities. There was an 8 % increase in staff reporting this quarter compared with the average of 51 reported last quarter. However, there was an 11% decrease in staff reporting this quarter when compared with the average of 62 for this quarter in 2004. This decrease in staff was primarily due to increased vacancies in clinical psychologist positions. More school psychologist, complex-based positions have been filled this quarter. A partial explanation for the decrease in quantity of some activities below appears to be related to the decrease in clinical psychology staff employed.

- During this quarter, a total of 1,490 supervision sessions were provided to SBBH staff, which is a 2% increase over the 1,458 supervisory sessions reported last quarter. When this quarter is compared with the 1,442 supervision sessions reported for same quarter in 2004, there is a 3% increase in supervision. This increase is noteworthy considering the reduction in positions filled.

- This quarter 286 training sessions were provided by these staff, which is a 25% increase over last quarter. However, this is a 20% decrease when compared to the 357 training sessions provided during the same quarter in 2004. Although it is difficult to be certain about causal relationships, it appears that when there is a reduction of psychologists and others in supervisory positions, training is one of the activities that most heavily reduced.

Consultations

Psychologists and program managers also provide direct services for students, including assessments, FBA/BSPs and consultations, which are requested when students demonstrate persistent problems. The information gathered through these direct services is used to develop recommendations that identify evidence-based interventions and behavioral supports to be implemented at various levels of the system.

- Psychologists and program managers delivered 4,048 consultations, which is a 17% decrease when compared to the 4,860 consultations provided last quarter. There has been a 16% decrease in consultations between this quarter and the 4819 consultations reported in the July-September quarter 2004, which indicates a noteworthy trend.

- This quarter 207 FBA/BSPs were performed, which is a 9% decrease when compared to the 299 FBA/BSPs reported last quarter. However, when this quarter is compared with the 206 FBA/BSPs reported for the same quarter for 2004 there is less than a 1% difference noted.

- During this quarter 444 counseling/parent training sessions were provided, which is a 22% reduction compared with the 569 sessions provided last quarter, and there is a 13% reduction when this quarter is compared with the 512 sessions July-September quarter 2004. This data indicates a trend toward psychologists and program managers providing fewer of these direct services to students and families as the proportion of filled clinical psychologists positions reduced.

- 297 assessments were performed this quarter, which is a 37% decrease compared with 474 assessments reported last quarter, and an 18% decrease is noted when this quarter is compared with the 364 assessments reported for this quarter in 2004. This data indicates a trend where these role groups are providing fewer assessments of students. This data should be compared with trend data for contracted assessments to determine whether there is a decrease in the number of assessments being performed or whether there is a shift toward using contracted providers for these services.

July-September 2005 Psychologist and SBBH Supervisory Activity Data

Professional Activities	July Total	August Total	September Total	Quarterly Total
Consultations	706	1,396	1,946	4,048
FBA/BSPs	24	77	106	207
Counseling/Parent Training	59	182	203	444
Assessments	94	98	105	297
Observations	53	130	200	383
Student Meetings (SST, Core, IEP/MP, Peer Review)	211	510	778	1499
Non-student Meetings	325	433	341	1099
Court Involvements	6	8	1	15
Data input (ISPED) sessions	49	127	131	307
Supervision	396	562	532	1490
Provide Training	91	102	93	286
Receive Training/Research	105	115	118	338
Number of Professionals	49	59	57	

April-June 2005 Psychologist and SBBH Supervisory Activity Data

Professional Activities	April Total	May Total	June Total	Quarterly Total
Consultations	1,918	1,919	1,023	4,860
FBA/BSPs	110	125	64	299
Counseling/Parent Training	236	205	131	569
Assessments	155	154	165	474
Observations	168	213	75	456
Student Meetings (SST, Core, IEP/MP, Peer Review)	659	771	257	1,687
Non-student Meetings	347	318	262	927
Court Involvements	20	7	11	38
Data input (ISPED) sessions	184	192	103	479
Supervision	562	571	325	1,458
Provide Training	75	95	57	227
Receive Training/Research	81	93	77	251
Number of Professionals	56	52	46	

July-September 2005 Psychologist and SBBH Supervisory Activity Data

Professional Activities	April Total	May Total	June Total	Quarterly Total
Consultations	1,018	1,634	2,167	4,819
FBA/BSPs	36	76	94	206
Counseling/Parent Training	86	112	314	512
Assessments	152	94	118	364
Observations	116	130	209	455
Student Meetings (SST, Core, IEP/MP, Peer Review)	320	480	539	1,339
Non-student Meetings	288	354	398	1,040
Court Involvements	5	11	9	25
Data input (ISPED) sessions	111	119	201	431
Supervision	387	495	560	1,442
Provide Training	114	148	95	357
Receive Training/Research	213	140	173	526
Number of Professionals	64	61	60	

July-September 2004 Psychologist and SBBH Supervisory Activity Data				
Professional Activities	**July Total**	**August Total**	**September Total**	**Quarterly Total**
Consultations	1,018	1,634	2,172	4,824
FBA/BSPs	36	76	97	209
Counseling/parent training	86	112	316	514
Assessments	152	94	118	364
Observations	116	130	212	458
Student meetings (SST, Core, IEP/MP, Peer Review)	320	480	543	1,343
Non-student meetings	288	354	400	1,042
Court involvements	5	11	9	25
Data input (ISPED) sessions	111	119	201	431
Supervisory sessions	387	495	560	1,442
Providing training	114	148	96	358
Receiving training/Research	213	140	174	527
Subtotal	2,846	3,793	4,898	11,537
# of Professionals Reporting	64	61	60	

Difficulty in recruiting and retaining clinical psychologists appears to have two primary sources. Clinical psychologists continue to experience great difficulty with the process of licensure despite significant attempts to resolve these problems, only partial success has been realized. The State Psychology Board continued to deny licensure to several DOE staff that had previously been licensed in other states. Although licensure was obtained by some of our psychologists, employment was terminated for many clinical psychologists because they could not obtain their license within the two year limit. Currently only 43% of the clinical psychologist positions are filled. SBBH State Educational Specialist and the State School Psychologist met with the Superintendent on October 18, 2005, to address this issue, among others. The outcome decision was that the SBBH Program will obtain an audit of the SBBH program, current position types, position utilization and proposed changes to address supervision, assessment and overall program functioning.

SBBH Internal Review Analysis

Case study data through the Internal Review process provides another broad measure of system performance. During this quarter, no new cases were reviewed through this process.

Summary

It is clear when reviewing the SBBH Program activities and related data, that Performance Goal #15 is met as the system performance for students receiving SBBH has not decreased. However, the SBBH program has not only maintained the level of

functioning obtained previously; it has made significant improvements.   Training has increased at the district level and at the state level, and the topics are becoming more integrated.   Training at the state level is addressing improvements in four primary areas: Writing Measurable Service Goals, the use of the BASC-2 to monitor student progress and for SBBH Program Evaluation, the use of empirically-based interventions, and the use of Standards of Practice to assure that students receive the services they need in the least restrictive environment.   On-going training and the supervision/consultation process assures continued support is provided for implementing and practicing the new skills learned.   The increased sharing of information through consistent statewide trainings provided at the district level, combined with the development, training, and utilization of written ***Standards of Practice*** is increasing the level of consistency in the implementation of the SBBH program across the state.

To maintain a high functioning SBBH system, it is clear that we must also address ways that our system interacts within other state departments and community agencies.   This continues to be addressed through groups such as the Quality Assurance Committee, the Evidence Based Practice Committee, and the Community of Practice forum.   There is a greater emphasis on reviewing our data and our program goals with additional sections of DOE, with other state departments outside of DOE, and with the broader community. The Community of Practice Forum had a strong start this quarter, and with consultation and facilitation from national leaders, who have demonstrated successes in implementing collaborative pursuit of a shared agenda, the SBBH Program is hopeful that this collaborative approach will continue to develop to coordinate our efforts.   This broad perspective is needed to identify the most effective ways to address both the agenda shared throughout the community and our individual SBBH Program goals.

Summary of Department of Education System Infrastructure and Performance

The Department of Education has set and maintains high expectations regarding infrastructure and performance goals. Ongoing measurement of performance related to the goals indicate that over the past 33 months the Department has not only maintained infrastructure and performance, but strengthened existing infrastructure and improved performance.

The Department meets or exceeds infrastructure expectations in the following areas:
- Qualified personnel: Special Education teachers and SBBH professionals,
- Capacity to contract for necessary services not provided through employees,
- Adequate funding to provide a comprehensive system of care for students requiring such services to benefit from educational opportunities, and
- Integrated data management information to adequately inform administrative decisions necessary to provided timely and appropriate services.

The Department of Education continues to be challenged to meet Department established targets for the distribution of qualified special education teachers and paraprofessionals in classrooms.

Performance Measures reveal either improvement or stability in all areas. The following Performance Measures were met or exceeded:
- Timely evaluation and program plan development
- Service delivery gaps
- ISPED reports for management
- Availability of contracts to provide services
- Administrative action to assure adequate funding
- Use of Home/Hospital Instruction
- Training in reading strategies
- Quality of services to students with ASD
- Quality and availability of SBBH services
- Reading Strategies in IEPs

While performance is high and improving in these areas, the Department's performance goal in the area of Reading Assessments prior to IEP development and the number of IEPs marked complete in ISPED were not met. Similarly, while progress in reducing the ratio of suspensions for regular education and special education students has been made, the net results are still less than desired.

Overall, in this reporting period the Department has continued to sustain a level of infrastructure and system performance consistent with or better than a year ago. Corrective actions directed at state, complex, and school level, based on data and analysis are leading to improvements, not just at the complex level but within specifically identified schools. The data in this section provides further evidence of the commitment within the Department at all levels to maintain and improve the delivery of educational and behavioral/mental health services to students in need of those services beyond that required by federal statute and court orders.

The Department expects that ongoing system performance assessments, subsequent training, and the posting of school by school performance indicators will not only maintain this level of performance but will improve system performance to high levels in all schools

This quarter the Department has moved forward in the reorganization of the Planning and Evaluation Office to include the System Accountability Office. This office within the Office of the Superintendent will be tasked with compliance and performance monitoring at the systems level. It is a testament to the success demonstrated over the past several years in meeting high system performance expectations in providing services to students in need of educational and mental health supports and services. The responsibilities of this new office will include compliance and performance of federal and state programs, including special education.